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(Requestor's Name)			
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SECRETARY OF STATE

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COVER LETTER

10: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PREMIERE HEAL	THCARE AND TRANSPO	DRTATION SERVICES IN	
DOCUMENT NUMB		ļ.		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	FABIENNE METELLUS			
-		Name of Contact Person		_
	PREMIÈRE HEALHCARE A	AND TRANSPORATION S	ERVICES INC	
		Firm! Compariy		_
	1250 9TH STREET NORTH			
		Address	·	_
	NAPUES, FL 34102			
		City/ State and Zip Code		_
				SE SE
	JEANDORNEVIL@YAHOC			75G = "T
	E-mail address: (to be us	ed for future annual report i	notification)	
				美国 5
For further information	concerning this matter, pleas	se call:		PH I
FABIENNE METELL	118	130 (67201741	SECRETARY SEE STREET OF THE STREET OF THE SECRETARY SEE STREET OF THE SECRETARY SE
	of Contact Person	at ()	67201741 le & Daytime Telephone Num	08
Name o	of Confact Person	Arga Cod	ie & Daytime Telephone Num	Der tall
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy ; (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address A condition Section Governor of Corporations P.O. Box 6327 Adiabassec, FL 32314		Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to 1 Articles of Incorporation

PREMIERE HEALTHCARE AND TRANSPORTATION SERVICES INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
•	İ
(Document Number of C	Corporation (if known)
$_{\rm C}$ -cosmon of section 607,1006, Florida Statutes, this Fr its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
o amending name, enter the new name of the corporation:	
"Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new mpuny, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 11 amending the registered agent and/or registered office address: 12 amending the registered agent and/or the new registered office address:	ss in Florida, enter the name of the
NA Registered Agent NA	
(Florida stree	4 address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable to mentes is are being filed pursuant to s. 607.0120 (11) (e	e). F .S.

Access of each Office Please note the officerh President, V= Vic President, Treasurer, E Changes should be note a change, Mike Jones le Mike Jones, V as Remo Example:	er and/or I Is 4 necess director tit o Presiden 0 = Chief F Director wo ed in the follower we, and Sai	Director being added: sary) le by the first letter of the office title t; T = Treasurer; S = Secretary; D = Dire inancial Officer. If an officer/director holold be PTD, ollowing manner. Currently John Doe is to corporation, Sally Smith is named the V n. lly Smith, SV as an Add.	each officer/director being removed and title, name, and ctor: TR= Trustee; C = Chairman or Clerk; CEO = Chief lds more than one title, list the first letter of each office held. listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
(haree	CEO	JEAN DORVEVIL	343 5TH STREET SW
			NAPLES, FL 34117
Remove			
ي العالم العالم	TR	ANDERSONDESIR	963 20TH AVE NE
N Add			NAPLES, FL 34120
Remove 3) Change			
Add			
Remove			(n 73
4) Change			
Add			= = = = = = = = = = = = = = = = = = = =
Remove			<u> </u>
51 Change			

____ Remove

E. If amending or adding additional Articles, enter change(s) here:			
(Attach additional sheets, if necessary). (Be specific)			
NA			
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		SECRETARY 15	erse sur's
		三百四 要	i t
1. If an proper diment provides for an exchange, reclassification, or can	rellation of issued shares.	学芸 古	- 1127A
_scots for implementing the amendment if not contained in the spin able indicate N/A)	e amendment itself:		* * *
e pro-able indicate NA)			الميوط
			St. Act.
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196 detection amendment() adoption: 5/10/2024	
as signed. I flective date <u>if applicable</u> :	5/10/2024 (no more than 90 days after a	mendment file date:
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory	villing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of three	tors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of verse sufficient for approval.	otes cast for the amendment(s)
The amendment(s) was/were must be separately provided	approved by the shareholders through voting g for each voting group entitled to vote separates	toups. The following statement ly on the amendmentist:
	ast for the amendment(s) was/were sufficient for	
by		
	(voting group)	
· 5_ Signature \(\sqrt{2}	10/2024	2021 SE
(Bg	a director, president of other officer - if directo	rs or officers have not bear 2
арр	cted, by an incorporator – if in the hands of a re- pinted fiduciary by that fiduciary)	eceiver, trustee, or other court
	FABIENNE METELLUS	TAY OF PARTY
	(Typed or printed name of perso	
	PRESIDENT	n signing)
	(Title of person signing)	